PAGE 1 / 19

Image# 13961150769

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL OX	For Other Than An Auti	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Americas Health Insur	ance Plans PAC (AHI	IP PAC)	
ADDRESS (number and street)	601 Pennsylvania Avenue, N	\W	
V	South Building, Suite 500		
Check if different than previously reported. (ACC)	Washington		DC 20004 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00106740		S THIS EPORT X (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 (M 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15	Apr	20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (C	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (C	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (0	23)		
January 31 Year-End Report (\)	YE) Election	n on	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		n on	in the State of
5. Covering Period 02	2 01 2013	through 02	M / D D / Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z Z
I certify that I have examined the	nis Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Charles W. Stellar		
Signature of Treasurer Char	rles W. Stellar	[Electronically Filed]	Date 03 / 14 / 2013
NOTE: Submission of false, erron	eous, or incomplete information	n may subject the person signing	g this Report to the penalties of 2 U.S.C. §437g.
Office			FEC FORM 3X
Use Only			Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 02 01 2013 To: 02 28 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		43551.88
	(b) Cash on Hand at Beginning of Reporting Period	30573.60	
	(c) Total Receipts (from Line 19)	10649.00	15298.02
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41222.60	58849.90
7.	Total Disbursements (from Line 31)	9565.48	27192.78
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31657.12	31657.12
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)
--

R	eport Covering the Period: From: 02	01 / 2013 To	o: 02 28 2013
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	3685.44	5007.34
	(ii) Unitemized(iii) TOTAL (add	1963.56	5290.68
	Lines 11(a)(i) and (ii)	5649.00	10298.02
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	5000.00	5000.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	10649.00	15298.02
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17.	Political Committees Other Federal Receipts		
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	10649.00	15298.02
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	10649.00	15298.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

Activity (i) Fe	Expenditures: ed Federal/Non-Federal / (from Schedule H4) ederal Share	Total This Period	Calendar Year-to-Date
Activity (i) Fe	/ (from Schedule H4)		
()	adoral Charo		
(ii) No	ederal Share	0.00	0.00
	on-Federal Share	0.00	0.00
(b) Other	Federal Operating		
-	ditures	65.48	192.78
	Operating Expenditures 1(a)(i), (a)(ii), and (b))▶	65.48	192.78
	Affiliated/Other Party		
Committees Contribution	3 ns to	0.00	0.00
Federal Ca and Other	ndidates/Committees Political Committees	9500.00	27000.00
=	nt Expenditures lule E)	0.00	0.00
. Coordinated	d Partv Expenditures		
(use Sched	441a(d)) lule F)	0.00	0.00
Loan Repa	yments Made	0.00	0.00
Loans Mad Refunds of	e Contributions To:	0.00	0.00
(a) Individ	uals/Persons Other Political Committees	0.00	0.00
(b) Politica	al Party Committees	0.00	0.00
(-)	Political Committees	0.00	0.00
(Suci)	as PACs)	0.00	7
` '	Contribution Refunds	0.00	
(add L	ines 28(a), (b), and (c))▶	0.00	0.00
Other Disb	ursements	0.00	0.00
Federal Ele	ection Activity (2 U.S.C. §431(20))		
` '	ed Federal Election Activity		
	Schedule H6) eral Share	0.00	0.00
(i) i eu	orar Onaro		
` '	vin" Share	0.00	0.00
	al Election Activity Paid Entirely ith Federal Funds	0.00	0.00
(c) Total F	Federal Election Activity (add		
Lines	30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	rsements (add Lines 21(c), 22,		
23, 24, 25,	26, 27, 28(d), 29 and 30(c))	9565.48	27192.78
	ral Disbursements		
	ne 21(a)(ii) and Line 30(a)(ii)	9565.48	27192.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10649.00	15298.02
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10649.00	15298.02
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	65.48	192.78
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	65.48	192.78

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130307143729-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 416.66 Other (specify) Full Name (Last, First, Middle Initial) B. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 28 2013 City State Zip Code Transaction ID: 20130226154258-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 416.66 Other (specify) Full Name (Last, First, Middle Initial) Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 28 2013 City State Zip Code Transaction ID: 20130226154258-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 479.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130307143729-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 416.68 Other (specify) Full Name (Last, First, Middle Initial) B. Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 28 2013 City State Zip Code Transaction ID: 20130226154258-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 416.68 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 28 2013 Suite 500, South Building City State Zip Code Transaction ID: 20130226154258-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 270.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	INE NU	JMBER	:	PAGE	8	OF	19
(check	only or	ne)					
X 1	1a	11b		11c	12		
13	3	14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee			
NAME OF COMMITTEE (In Full) Americas Health Insurance F	Plans PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial) Mary Beth Donahue				
Mailing Address 601 Pennsylvania Ave NV South Building, Suite 500		02 15 2013		
City Washington	State Zip Code DC 20004-2601	Transaction ID : 44DB15D0541F67726D0 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	208.33		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive VP, Policy & Operations Aggregate Year-to-Date ▼ 416.66			
Full Name (Last, First, Middle Initial) 3. Mary Beth Donahue	4	Date of Receipt		
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City	State Zip Code	02 28 2013 Transaction ID : 20130226154258-14		
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 208.33		
Name of Employer America's Health Insurance Plans	Occupation Executive VP, Policy & Operations			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66			
Full Name (Last, First, Middle Initial) Daniel Durham	1	Date of Receipt		
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		02 15 2013		
City Washington	State Zip Code DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	208.33		
Name of Employer America's Health Insurance Plans	Occupation EVP, Policy and Regulatory Affairs			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 833.32			
SUBTOTAL of Receipts This Page (optional) >	624.99		
TOTAL This Period (last page this line num	·			

FOR LINE NUMBER: PAGE Use separate schedule(s) for each category of the Detailed Summary Page (check only one) X 11a 11b 11c

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19

12 13 14 16 15

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Daniel Durham Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building	N	Date of Receipt 02 28 2013
City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State Zip Code DC 20004 C Occupation EVP, Policy and Regulatory Affairs Aggregate Year-to-Date ▼	Transaction ID: 20130226154258-16 Amount of Each Receipt this Period 208.33
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	833.32	
Mailing Address 601 Pennsylvania Avenue N.N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	State Zip Code DC 20004 C Occupation Svp, Center for Health Policy & Resear Aggregate Year-to-Date ▼	Date of Receipt 02 15 2013 Transaction ID: 20130307143729-29 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) 2. Jeff Lemieux Mailing Address 601 Pennsylvania Avenue N.	500.00 W.	Date of Receipt
Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Svp, Center for Health Policy & Resear Aggregate Year-to-Date ▼ 500.00	02 28 2013 Transaction ID : 20130226154258-29 Amount of Each Receipt this Period 125.00
SUBTOTAL of Receipts This Page (optional)		458.33
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF

TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Pl	ans PAC (A	AHIP PAC)	
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue I Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Senior Direct	Zip Code 20004 ctor Public Affairs Year-to-Date ▼	Date of Receipt O2 15 2013 Transaction ID: 20130307143729-30 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue North Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Senior Direct	Zip Code 20004 ctor Public Affairs Year-to-Date ▼ 333.32	Date of Receipt 02 28 2013 Transaction ID: 20130226154258-30 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation General Co		Date of Receipt O2 15 2013 Transaction ID: 20130307143729-37 Amount of Each Receipt this Period 104.17
SUBTOTAL of Receipts This Page (optional).			270.83
TOTAL This Period (last page this line numb	er only)	·····	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130226154258-37 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation General Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 416.68 Other (specify) Full Name (Last, First, Middle Initial) B. Betsy Pelovitz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 15 2013 City State Zip Code Transaction ID: 20130307143729-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Product Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 416.68 Other (specify) Full Name (Last, First, Middle Initial) c. Betsy Pelovitz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 28 2013 Suite 500, South Building City State Zip Code Transaction ID: 20130226154258-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Product Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 416.68 Other (specify) 312.51 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF 19 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130307143729-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 537.56 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Pisano Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 28 2013 City State Zip Code Transaction ID: 20130226154258-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 134.39 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Strategic Communication Receipt For: Aggregate Year-to-Date ▼ Primary General 537.56 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 15 2013 Suite 500, South Building City State Zip Code Transaction ID: 20130307143729-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) 352.11 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 19 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130226154258-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 15 2013 City State Zip Code Transaction ID: 20130307143729-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans SVP, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 28 2013 City State Zip Code Transaction ID: 20130226154258-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation SVP, State Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 333.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 19 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130307143729-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation Executive V.P. America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 416.68 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 28 2013 City State Zip Code Transaction ID: 20130226154258-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 416.68 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2013 City State Zip Code Transaction ID: 20130307143729-53 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 19 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2013 City Zip Code State Transaction ID: 20130226154258-53 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 333.32 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 15 2013 City State Zip Code Transaction ID: 20130307143729-55 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Press Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General 416.68 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 02 28 2013 Suite 500, South Building City State Zip Code Transaction ID: 20130226154258-55 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 416.68 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... 3685.44 TOTAL This Period (last page this line number only).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 19 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Unum Group Political Action Committee	ee (UNUMI	PAC)	Date of Receipt
	Mailing Address 1 Fountain Square			02 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 9FF7631B6DF8A52728B
	Chattanooga	TN	37402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0177436	5000.00
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼		5000.00	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Assembled Freih Provide Hills Provide
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		4 4 4 .	
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		7 Thousant of East Flooring this Feriod
	Name of Employer	Occupation	1	
	Receipt For:	Aggragat-	Voor to Data W	_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)			
5	SUBTOTAL of Receipts This Page (optional)			5000.00

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE B (FEC Form 3X)	11	FOR LINE		19
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 X 23 24 25 28 28b 28c 29	26 30b
Any information copied from such Reports and State	mants may not be sold or us			
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans	PAC (AHIP PAC)			
/				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Brady for Congress				
Mailing Address PO Box 8277			02 27 2013	
City	State Zip Code			
the Woodlands	TX 77387		Transaction ID : B95DDD1A4FD2BF0	CF5C5
Purpose of Disbursement				
2014 Primary		011	Amount of Each Disbursement this Per	riod
Candidate Name		Category/	1000.00	00
Kevin Brady Office Sought:	ment For: 2014	Type	7	
Senate Sought.	Primary General			
President	Other (specify)			
State: TX District: 08	(1			
Full Name (Last, First, Middle Initial)				
B. Donnelly for Indiana			Date of Disbursement	
			M = M / D = D / Y = Y = Y	7
Mailing Address 1050 17th St NW Ste 590			02 27 2013	
City	State Zip Code		Transaction ID : 39C5A76C3A9C8B5	50E22
Washington Purpose of Disbursement	DC 20036			
2018 Primary		011	Amount of Each Disbursement this Per	riod
Candidate Name				
Joseph Simon Donnelly Sr.		Category/ Type	1000.00	00
	ment For: 2018			
	Primary General			
President	Other (specify) ▼			
State: IN District:				
Full Name (Last, First, Middle Initial)				
C. Every Republican Is Crucial (ERIC	SPAC)		Date of Disbursement	
Mailing Address 25 E Main Street			02 11 2013	
Suite 200			<u> </u>	
City	State Zip Code		Transaction ID : 540D404019DE500E	E904
Richmond	VA 23219-2109		Transaction ib . 34004040190E300E	L03 4
Purpose of Disbursement 2013 Contribution		044		
Candidate Name		011	Amount of Each Disbursement this Per	riod
Every Republican Is Crucial (ERIC	CPAC)	Category/ Type	2500.00	0
	ment For: 2013	. , , , ,		_
Senate	Primary General			
President	Other (specify) ▼			
State: District:	Contribution			
SUBTOTAL of Disbursements This Page (optional).		·····•	4500.00	U
TOTAL TIL S				\neg
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 18 OF 1			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)			
	Detailed Summary Page	210	22 X 23 24 25 2			
		27	28a 28b 28c 29 3			
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)	The and address of any poin	tical committee to	Solicit contributions from such committee.			
Americas Health Insurance Plans	PAC (ARIP PAC)					
Full Name (Last, First, Middle Initial)						
A. Friends of John Barrow			Date of Disbursement O2 27 2013			
Mailing Address PO Box 1001						
City	State Zip Code					
Augusta	GA 30903		Transaction ID: 9CFC1573A729BE3340			
Purpose of Disbursement 2014 Primary		244				
Candidate Name		011	Amount of Each Disbursement this Period			
John Jenkins Barrow		Category/ Type	1000.00			
	ment For: 2014	Туре				
Senate Seagrill	Primary General					
President	Other (specify) ▼					
State: GA District: 12						
Full Name (Last, First, Middle Initial)						
B. Friends of Pat Toomey			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address 228 S. Washington St., Suite 115			02 27 2013			
City Alexandria	State Zip Code VA 22314		Transaction ID: 22F87A4708E7A7FBF6			
Purpose of Disbursement	VA 22314					
2016 Primary		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	2222.22			
Patrick Joseph Toomey		Type	2000.00			
	ment For: 2016					
	Primary General					
President State: PA District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. Friends of Todd Young, Inc.			Date of Disbursement			
	M M / D D / Y Y Y Y					
Mailing Address PO Box 1053			02 11 2013			
City	State Zip Code					
Bloomington	IN 47402		Transaction ID: 6F7F88E4B2DF8F41587			
Purpose of Disbursement						
2014 Primary		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
Todd Christopher Young		Type	1000.00			
	ment For: 2014					
Senate President	Primary General Other (specify)					
State: IN District: 09	Other (specify)					
2.6						
SUBTOTAL of Disbursements This Page (optional).			4000.00			
(optional).						
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 19 OF 19		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)			
	Detailed Summary Page	21b	22 X 23 28b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Any information conicd from such Department Co.	conto mos rest les estat e					
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
Americas Health Insurance Plans F	PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial)						
A. Tim Murphy for Congress	Date of Disbursement					
Mailing Address PO Box 24551			02 27			
City	tate Zip Code		Transaction ID	C200CE770207C047DEE		
· ttezatg.	PA 15234		Transaction ID:	C308CF7783976047DFF		
Purpose of Disbursement 2014 Primary		011	Amount of Each D	Disbursement this Period		
Candidate Name		Category/		1000.00		
Timothy F. Murphy		Type		1000.00		
Senate	nent For: 2014 Primary General Other (specify)					
State: PA District: 18	(-)					
Full Name (Last, First, Middle Initial)						
3.			Date of Disbursen	nent		
Mailing Address			M = M / D = D / Y = Y = Y			
ividining Address						
City	tate Zip Code					
Purpose of Disbursement			Amount of Foots 5	Nahamanan Mila Dadad		
Candidate Name			Amount of Each L	Disbursement this Period		
Carlandato Harrio		Category/ Type				
Office Sought: House Disbursem	ent For:	, , , , , , , , , , , , , , , , , , ,	,	,		
	Primary General					
	Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)						
2.			Date of Disbursen	nent		
Mailing Address	M M / D D	/				
	Tin Code					
City	tate Zip Code					
Purpose of Disbursement						
Candidate Name Category/ Type			Amount of Each D	Disbursement this Period		
Office Sought: House Disbursem	ent For:					
	Primary General					
	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)				1000.00		
TODICIAL OF DISDUISEMENTS THIS Page (Optional)			7			
TOTAL This Period (last page this line number only).				9500.00		